1:Ingrams G-5 (1934-35)1936 MM2 Hadhramaut MM2

Prisons.

697 In Mukalla there is one prison, and "lock-ups" in the police stations. There are said to be 20 warders in the prison who wear a khaki uniform, but I only saw six. The prison is in the charge of the Commander of the Forces. On inspection the only prisoners seen were political, some 30 men and boys who were hostages from the various tribes and who are changed every month.

The headquarters of the uniformed police contains two cells where short sentences are served and remand prisoners detained. It was said that prisoners were not kept there for more than 24 hours.

CHAPTER XIV.

SOCIAL SERVICES IN QU'AITI TERRITORY.

Health Administration.

743 There is only one Government medical institution and that is the dispensary in Mukalla.[1] It is in charge of a Hindu doctor assisted by a compounder and three dressing boys. The doctor took over his duties in April 1934, and from the 3rd of that month to the end of September he had treated 1,575 patients. In the month of October the number was 147. He performs only very minor operations and the figures include eight or ten such cases. Most of the doctor's work is in the dispensary itself, but he is sometimes called in for domiciliary visits. The dispensary is open from 8 to 12 in the morning and from 5 to 8 in the evening for urgent cases.

164 The principal ailments are diseases of the eye, eye trachoma being very prevalent, and rheumatic affections of the joints. There is no malaria in Mukalla, but cases come in from outside. The doctor possesses no microscope, but he has not traced any cases of ankylostomiasis or bilharzia. There is practically no syphilis, but gonorrhoea is fairly common. Constipation is chronic. From April to October he had used almost two hundredweight of magnesium sulphate. Tropical ulcers are fairly common.

164 751 Mr. H. M. Heald in his report on the agricultural resources says "Smallpox seemed to be the most fatal disease in the interior, and in some years whole villages were wiped out; I was informed that for generations they have had a system of inoculation performed by taking the blood from a child with the disease and rubbing it in a cut made on the arm, generally between the shoulder and elbow. In Mukalla, being the seaport connected with the east, they sometimes had plague, but as far as I could gather they had been free for a number of years."

743 In addition to his dispensary work the doctor is in charge of the Port Health work for ships and dhows, and has recently been appointed medical officer of health in the town.

[1] There may now be a dispensary operating in Shihr.

10: Hutchison U-3 (no date) 1950 MM2 Hadhramaut MM2

As with the Arab Legion, the primary functions of the Hadhrami Bedouin Legion are to assist in the keeping of law and order and the propagation of the ideas and policy of Government by peaceful means whenever its members come in contact with the tribes and Bedouin in the interior. For these reasons its man-power is drawn from far and wide, but because of the prevailing illiteracy of the Bedouin population the senior officers are provided on secondment from the Arab Legion, and considerable help and supervision is given by a British Army officer, who is attached to the staff of the British Resident Adviser (the senior British civil officer at Mukalla) as Military Assistant. In its nine years of existence the H.B.L. has amply fulfilled expectations, and by the end of this year its numbers should reach 9 officers and 330 other ranks, while the whole cost will not exceed £29,000.

Competition to be enlisted is keen, and the authorities can hand-pick their recruits, preferring those whose families have a certain standing in their tribes, thereby giving the future soldier a measure of authority to speak in and for his tribe. The clearest method of describing the day-to-day life of the Legion is to trace the course of the new recruit from time of entry to date of discharge. The individual who presents himself at the headquarters in Mukalla for enlistment will be somewhat uncouth in appearance, rather short in stature, and spare in build. Experts in the local physiognomy and dress may be able to tell from which tribe he comes, as there are small but traceable differences between each. His dress will consist of a loincloth or short *futa*, black or dark blue, into which is thrust a *jambiyah*, a short knife in a curved scabbard. His hair will be long, kept in place with a twist of cloth, and both hair and short beard will be plentifully oiled; his body may be covered with indigo. Many of the Bedouin are good-looking in a small-featured, feminine way, which is emphasized by their bobbed-length hair. Some have tribal scars on their faces, and most wear amulets round their necks and bracelets above their elbows, both made from silver and set with cornelian. He is unlikely to bring his rifle with him, although he may well own one, probably of the antiquated French make and possibly dating as far back as 1870.

When transformed into a private in the H.B.L. he will retain his long hair and silver ornaments, but will be quite different otherwise. Over shorts he wears a khaki *qamis*, a calf-length one-piece garment with a shirt top. Round his waist is a leather ammunition belt, under which he wears, on ceremonial occasions, a broad red webbing sash with long ends. On his head is a khaki *kafiyah* with black head-rope, or *'iqāl*, and the silver badge of the H.B.L. in front. A *kafiyah* is seldom worn in the Hadhramaut, and the soldier off duty is prone to twist and wind it turban-wise round his head.

On being accepted the recruit swears to be loyal and faithful to H.M. King George, his heirs and successors, and to obey the orders of all officers set over him. He also agrees to abide by H.B.L. standing orders, the Army Act of his force, but does not sign on for any specified period and is free to leave at three months' notice. Now comes the barrack square, weapon training, guard procedure, and drill. At the end of the first month he receives 22 rupees (33s.), the pay of a private soldier. This,

7: Gt. Brit., Colonial Office G-3 (1949-50) 1951 MM1 Aden
Hadhramaut mm2

A case of smallpox in Audhali area was immediately and effectively dealt with by Dr. Affara, also from the Keith Falconer Scottish Mission Hospital, and 4,500 people were vaccinated. 744 761

Eastern Aden Protectorate

In the Eastern Protectorate, advances in medical and public health services were retarded in early 1949 by lack of staff. It was not until late in 1950 that the staff situation was relieved by the arrival of a medical officer from India for the Kathiri State and of a German lady doctor from Germany for Shibam. 744

With the obvious exception of cases of scurvy and malnutrition during the famine of 1949, there was a very mild outbreak of small-pox in Mukalla in February and March, 1949, and sporadic outbreaks of malaria in particular in the coastal areas, and the health of the population has been reasonably good in the past two years. [164]

Stringent and vigorous anti-malarial measures were started in January, 1950. All pools, including the source of water supply in the vicinity of Mukalla and Shihr were oiled or stocked with larvae-consuming fish, and water collecting tanks were closed and cleaned out weekly.

An additional sanitary inspector in Mukalla was appointed during 1950.

In October, 1950, Dr. R. B. Smith, Acting Protectorate Medical Officer, was invited to visit Eastern Aden Protectorate and his recommendations on the best methods of improving and safe-guarding public health are being implemented.

In November, 1950, four soldiers of the Mukalla Regular Army and two of the Kathiri Armed Constabulary proceeded to the Keith Falconer Mission Hospital, Sheikh Othman, on an anti-malarial course for three months. 744 759

HOUSING

No greater contrast could be imagined than exists in the houses of the Aden Protectorate. 342

The most elementary are the goat-hair tents of the nomadic people, and the even more primitive shelters of some shepherds, consisting only of a mat hung on poles, or spread over a branch of a bush.

The simplest form of house for the settled population, or those who stay for some period in a place to work at harvest time, is a kind of inverted nest of brush-wood, with a little matting incorporated in places. This provides privacy and shelter from the sun, though not of course from rain if it falls, or from the all-pervading dust storms.

The most common type of permanent house is built of mud-brick in the plains and rough stones bound with mud in the hill districts, and more rarely of squared stones. Rooms are generally small (long timber being very scarce) and dark, affording a relief from the glare outside; ventilation is usually adequate and the thick walls provide